FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000047902 (8)**

1. Corporation Name

VALCORP SECURITIES, INC.

Principal Place of Business	Mailing Address
C/O ALCIDE I. AVILA ESQ. 701 BRICKELL AVENUE STE 3000 MIAMI FL 33131	C/O ALCIDE I. AVILA ESQ. 701 BRICKELL AVENUE STE 3000 MIAMI FL 33131

3. Date Incorporated or Qualified: **06/20/1995**

3a. Date of Last Report:

4. FEI Number: Applied For [X] Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE STE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Intrastate Registered Agent Corporation**
By: Steven H. Hagen, Vice President DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Juan Santaella 848 Brickell Ave Miami, Fla. 33131	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./Director Alicia Santaella 848 Brickell Ave. Miami Fla. 33131	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director Juan B. Santaella 848 Brickell Avenue Miami, Florida 33131	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Hector Santaella 848 Brickell Ave Miami, Fla 33131	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mariantonia Santaella 848 Brickell Avenue Miami, Florida 33131	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[ ] Change [ ] Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [ ] Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[ ] Change [ ] Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition

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***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JUAN SANTAELLA 4/23/96 305-3770757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number